

**ENTRY BLANK**

DO NOT DETACH

PLEASE TYPE OR PRINT

Entered previous May Show

Yes     no

Ms.

Mr. Artist

Deborah Shewitz

Permanent

Address

3749 Mayfield Cleve. Hts.

(Last Name Last)

Street

City

44121

Tel. (216) 381-7381

Zip

Area Code

Temporary or  
Studio Address

Street

City

Tel. ( )

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, which county were you born in? \_\_\_\_\_

Collaborator \_\_\_\_\_

(If Any)

If May Show entries are not accepted or not sold:

Artist will pick up at Museum.  
 Museum should dispose of.  
 Museum should ship to artist C.O.D. at this address:  
\_\_\_\_\_  
\_\_\_\_\_

**Special Instructions**

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

Deborah Shewitz

DO NOT DETACH

## ENTRY BLANKS

**1**

1. Paintings     2. Graphics     3. Photography  
 4. Sculpture     5. Crafts

Materials

**B&W Photograph**

Title

**17-Mile Drive**

Price or NFS <b>\$65</b>	Insurance Value if NFS Only	Size <b>16" x 18"</b>
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## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale <b>10</b>	Total No. in Edition <b>11</b>	Price Unframed <b>\$50</b>	Price of Frame <b>-15.00</b>
ACCEPTED <input checked="" type="checkbox"/>	DO NOT WRITE IN THIS SECTION <b>6(3)</b>		ACCEPTED <input checked="" type="checkbox"/>
REJECTED	REJECTED	REJECTED	REJECTED

**2**

1. Paintings     2. Graphics     3. Photography  
 4. Sculpture     5. Crafts

Materials

**B&W Photograph**

Title

**Danse Macabre**

Price or NFS <b>\$65</b>	Insurance Value If NFS Only	Size <b>16" x 18"</b>
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## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale <b>10</b>	Total No. in Edition <b>11</b>	Price Unframed <b>\$50</b>	Price of Frame <b>-</b>
ACCEPTED	DO NOT WRITE IN THIS SECTION	ACCEPTED	RECEIVED
REJECTED <input checked="" type="checkbox"/>	REJECTED	REJECTED	DATE

DETACH

1983 MAY SHOW

The Cleveland Museum of Art  
Cleveland, Ohio 44106

DEBORAH SHEWITZ

Name

3749 MARYFIELD Rd. #208

Address

CLEVELAND HTS., OH. 44121

City & State

Zip

## NOTIFICATION #2

DO NOT  
DETACH**1**

1. Paintings     2. Graphics     3. Photography  
 4. Sculpture     5. Crafts

This is your only receipt to claim your object(s).

Title

17-MILE DRIVE

DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED
6(3)	X	

**2**

1. Paintings     2. Graphics     3. Photography  
 4. Sculpture     5. Crafts

Title

DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED

## RETURN OF OBJECTS:

REJECTED: MAY 31- JUNE 4

ACCEPTED: JULY 25-30

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.